

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000073732

1. Entity Name
745 HOLDING COMPANY, INC.



Principal Place of Business
745 SCALLOP DRIVE
CAPE CANAVERAL, FL 32920

Mailing Address
745 SCALLOP DRIVE
CAPE CANAVERAL, FL 32920



04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3403293
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAMPA, ROBERT S
6000 TURTLE BEACH LANE
COCOA BEACH, FL 32931

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME TAMPA, ROBERT S
STREET ADDRESS 745 SCALLOP DRIVE
CITY-ST-ZIP CAPE CANAVERAL, FL 32920

TITLE VP
NAME DISTASIO, FREDERICK T
STREET ADDRESS 2140 TOPAZ ST
CITY-ST-ZIP MERRITT ISLAND, FL 32920

TITLE D
NAME MULLECKER, CHARLES P
STREET ADDRESS 6002 TURTLE BEACH LN
CITY-ST-ZIP COCOA BEACH, FL 32920

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000303533
04/14/05-80006-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05

Date

321-868-7968

Daytime Phone #